

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

May 17, 2007

John Hoopes Caribou Memorial Hospital 300 South 3rd West Soda Springs, ID 83276

Dear Mr. Hoopes:

This is to advise you of the findings of the Medicare Swing Bed survey of Caribou Memorial Hospital which was done on May 9, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form HCFA-2567, listing Medicare Deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

- 1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for <u>all</u> individuals potentially impacted by the deficient practice.
- 2. Identify the person or discipline responsible for monitoring the deficient system to insure compliance is achieved and maintained. Included how the monitoring will be done and at what frequency.
- 3. Identify the date each deficiency has been, or will be, corrected.
- 4. Sign and date the form(s) in the space provided at the bottom of the first page.

Caribou Memorial Hospital May 17, 2007 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by May 30, 2007, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office.

Sincerely,

PENNY SALOW

Health Facility Surveyor

Non-Long Term Care

SYLVIA CRESWELL

Supervisor

Non-Long Term Care

PS/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/15/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
***************************************	131309		B. WING		05/09/2007	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 300 SOUTH 3RD WEST SODA SPRINGS, ID 83276	00/03/2007	
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C 000	INITIAL COMMENT	ΓS	C 00	00		
	Medicare recertifica Access Hospital (C. conducting the Med were: Penny Salow, R.N.,	encies were cited during the ation survey of your Critical AH). The surveyors licare recertification survey				
	Rae Jean McPhillip	s, K.N., H.F.S.				
	Abbreviations:				and the second s	
C 276	DNS = Director of N OR = Operating Ro ER = Emergency R OB = Obstetrics 485.635(a)(3)(iv) Po MANAGEMENT	om oom	.C 27	76		
	handling, dispensat drugs and biologica that there is a drug administered in acc professional princip records are kept of all scheduled drugs	ordance with accepted les, that current and accurate the receipt and disposition of , and that outdated, wise unusable drugs are not				
	This STANDARD is Based on observation interview, it was det ensure that drug sto was administered in professional princip	s not met as evidenced by: on, policy review and staff ermined the CAH failed to orage in the operating suite a accordance with accepted les. This resulted in outdated le for patient use. The			EIVED 9 2007 TANDARDS	
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	CEO/Almin.	5/24/07	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CARIBOU MEMORIAL HOSPITAL				30	EET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTH 3RD WEST ODA SPRINGS, ID 83276		
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C 280	5/8/07 at 9:40 AM, onoted in the anesthoused by nursing state and their expiration limited to: Anesthesia cart: Nurses' cupboard: Sodium Cefazo Epinepl 2. The DNS, preserobservation, stated for checking the meoutdates. She also responsible for their information was conduring an interview opharmacist stated the OB and anesthesia the medications store submitting a list of number of the pharmacines and emerge hospitalonce a mooutdated drugs are seen as 485.635(a)(4) PATIE	n of the operating room on butdated medications were esia cart and in a cupboard ff. The outdated medications dates included, but were not (3) Epinephrine 1:1000 - 2/07 (2) Heparin 5000u - 12/06 Chloride 20 ml - 11/06 in Sodium 1 Gm - 10/06 nrine 1:1000 - 2/06 Int at the time of the nursing staff were responsible dications in the cupboard for stated anesthesia staff were stored medications. This firmed by the pharmacist on 5/8/07 at 2 PM. The se supervisors for the ER, OR, were responsible for checking red in their areas and reded medications, including replace outdated medications. By policy, last reviewed 5/04, at was "responsible to make ag storage areas, medication ncy carts throughout the nthto verify thatno stocked." ENT CARE POLICIES eviewed at least annually by ional personnel required (2) of this section, and	C 28	30	C276 - The operating room (nurse manager pulled all outdamedications from the nursing located in the OR area on 5-8-outdated meds in the anesthes were removed on 5-22-07 by a pharmacist. A new medication tracking form (developed by a pharmacist) will be used to log track all medication outdates. Was implemented on 5-22-07. OR nurse manager will be responsible to the company of t	ated cabinet -07 and ia room the n he g in and This The ponsible ates on a will esthesia opy of ttached. afety thly, assign DR, dit the acluding s. (The es safety won't be we have	5/2407

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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C 321	This STANDARD is Based on policy revidetermined the CAH policies were review was the case for 2 of for review (pharmac findings include: 1. During a review was identified that pand surgical service during the past year documented as beir policies were documented as beir policies were documented in the past 2. The pharmacist PM. He stated the previewed in the past 3. A pharmacy policies tated pharmacy por reviewed and update not followed. 485.639(a) SURGIOTHE CAH designate allowed to perform a accordance with its procedures, and with laws. Surgery is permedicine or osteopal practitioner recognize of the Act; a doctor of medicine; or a doctor of medicine; or a doctor of this STANDARD is Based on staff interviewed.	iew and staff interview, it was interviewed on 5/8/07 at 2 policies had not been reviewed as being reviewed.	C 2		C280 - The Surgical Services manual has been reviewed and current face-sheet is in place a 22-07. All nursing policy and procedure manuals are current 22-07, showing that all have hannual review. It will be a nur management policy that all poprocedure manuals have an arreview by February 1st of each The nursing administrator, Br. Bergholm, RN, will be responsibility for annual preview and updates has been delegated to the nurse manage each nursing area: Flora Gilm for L&D and newborn nursery Tammy Nally, RN, for Emerg Room, Critical Care, and Surg Services (to include CAS and and David Norris, RN, Med-S Respiratory; and Brenda Berg RN for Infection Control and Bed. Also, the pharmacist, D Maughan, RPh, will review arrevise, as needed, the pharmac policies and procedures; which have a new face sheet documer review and approval by the M Staff effective with their June on 7-13-07.	d a as of 5- as of 5- ad an rsing blicy and anual h year. enda asible for bllowed- policy er of er, RN //; ency gical PACU); furg and holm, Swing bell ad cy h will enting fedical	3/13/07

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	F OF DEFICIENCIES OF CORRECTION					
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	CAH failed to ensur practitioners and the was maintained in the resulted in outdated practitioners (Practifindings include: 1. The surgical suit 9:40 AM. Contents Privileges" was proventially practitioners privileges for six practitioners' privileges for six practitioners' privileges for six practitioner B's practitioner C's practitioner C's practitioner C's practitioner D's practitioner E's practitioner E's practitioner F's p	ge 3 ge a current roster of geir specific surgical privileges the surgical suite. This is privileges for 5 of 6 tioners B, C, D, E and F). The ge was inspected on 5/8/07 at of a binder titled "Surgical vided by staff and reviewed. The ges were not current as divileges were last approved in givileges were governing board and the governing board and the governing board vided to the Operating Room golicy was not followed. The time of the review, gers had current privileges, but not been provided to surgery ges were provided later that RIODIC EVALUATION OF	C 33	C321 - The surgical privile surgery was updated on 5-4 Health Information Superv Kathey Peck, RHIT, will no responsible for maintaining surgical privileges book. It surgeon is re-credentialed, Supervisor will put a new plant form in the binder in the substant the OR manager will caudit of the files quarterly, Aug. 2007, to ensure they at The surgical services policy "Surgical Privileges" was updated by the surgical Privileges was updated by th	B-07. The isor, ow be the time a the HI privilege rgical area, conduct an beginning are there.	5/22/07
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE, & MEDICAID SERVICES

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C 334	POLICIES The annual program the CAH's health cather the CAH's health cather the CAH's health cather the CAH's policies were review annual program evaluates that did not practices. The finding a review was identified that pand surgical services the past year. Pharmack and surgical services the past year. Pharmack and surgical services the past year. Pharmack are policies were documented as being policies were d	n evaluation includes review of are policies. s not met as evidenced by: view and staff interview, it was I failed to ensure patient care ved as part of the hospital's aluation. This resulted in reflect current hospital ngs include: of policies and procedures, it policies for pharmacy services as had not been reviewed in macy policies were ng reviewed 5/04 and surgery mented as being reviewed ist was interviewed on 5/8/07 the policies had not been	C3	C 334 - The pharma Maughan, RPh, will revise, as needed, a pharmacy policies a which will also hav showing review and Medical Staff effect June meeting on 6-policies will reflect pharmacist and the inspect their drug st least a monthly bast Committee will hav person inspect these quarterly basis, the be completed by 6-feb.	I review and all of the and procedure, the anew face of approval by tive with their 13-07. The that both the supervisors we torage areas or is, and the Safe a separate of a a first of which	sheet the rill n at fety	6/13/07	

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STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 131309 05/09/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 SOUTH 3RD WEST **CARIBOU MEMORIAL HOSPITAL** SODA SPRINGS, ID 83276 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) B 000 16.03.14 Initial Comments B 000 The following deficiencies were cited during the State licensure survey of your Critical Access Hospital (CAH). The surveyors conducting the State licensure survey were: Penny Salow, R.N., H.F.S., Team Leader Rae Jean McPhillips, R.N., H.F.S. Abbreviations: DNS = Director of Nursing Services OR = Operating Room ER = Emergency Room OB = Obstetrics BB221 16.03.14.330.01 Organization and Supervision BB221 330. PHARMACY SERVICE. The hospital shall provide an organized pharmaceutical service that is administered in accordance with accepted professional principles and appropriate federal, state, and local laws. (10-14-88)01. Organization and Supervision, Pharmacy services shall be under the overall direction of a pharmacist who is licensed in Idaho and is responsible for developing, coordinating, and supervising all pharmaceutical services in the hospital. (10-14-88) RECEIVED a. The director of the pharmaceutical service, MAY 2 9 2007 whether a full, part-time or a consultant member of the staff, shall be responsible to the chief executive officer or his designee. (10-14-88) FACILITY STANDARDS b. The pharmacist shall be responsible for the supervision of the hospital drug storage area in which drugs are stored and from which drugs are Bureau of Facility Standards TITLE CEG/AUMIN

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

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If continuation sheet 1 of 4

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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BB221	Continued From pa	ge 1		BB221				
	distributed. (10-14-88) c. If trained pharmacy assistants, pharmacy students, or pharmacy interns are employed, they shall work under the direct supervision of a pharmacist. (10-14-88) d. If the director of the pharmaceutical service is part-time, sufficient time shall be provided by the pharmacist to fulfill the responsibilities of the director of pharmaceutical services. (10-14-88) e. The director of the pharmaceutical service shall be responsible for maintaining records of the transactions of the pharmacy as required by law and as necessary to maintain adequate control and accountability of all drugs. This includes a system of control and records for the requisitioning and dispensing of drugs and supplies to nursing units and to other department/services of the hospital, as well as records of all prescription drugs dispensed to the				BB221 - The pharmacist, Dell Maughan, RPh, will review and revise, as needed, all of the pharmacy policies and procedures, which will also have a new face sheet showing review and approval by the Medical Staff effective with their June meeting on 6-13-07. The policies will reflect that both the pharmacist and the supervisors will inspect their drug storage areas on at least a monthly basis, and the Safety Committee will have a separate person inspect these areas on a quarterly basis, the first of which will be completed by 6-30-07.	ures, ce roval with . The he s will s on at Safety te a	413/07	
-	and drug records in where drugs are sto to nursing stations, departments, opera. This Rule is not me Based on observation interview, it was detensure pharmaceut administered in acc professional principensure the pharmacand drug records in where drugs were stores.	on, policy review and ermined the hospital	staff failed to ed to ced drugs ospital ER, OB,		·			

Bureau of Facility Standards

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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BB221	Continued From pa	ge 2		BB221				
	drugs being availab surgical suite. The	le for patient use in t findings include:	he					
	1. During inspection of the operating room on 5/8/07 at 9:40 AM, outdated medications were noted in the anesthesia cart and in a cupboard used by nursing staff. The outdated medications and their expiration dates included, but were not limited to:							
	Anesthesia cart: (3) Epinephrine 1:1000 - 2/07							
	Nurses' cupboard: (2) Heparin 5000u - 12/06 Sodium Chloride 20 ml - 11/06 Cefazolin Sodium 1 Gm - 10/06 Epinephrine 1:1000 - 2/06							
	for checking the me outdates. She also responsible for their information was con during an interview of pharmacist stated the	nursing staff were redications in the cupb stated anesthesia stated anesthesia stated medications. If the supervisors for the esia were responsible ations stored in their of needed medications are pharmacy policy of the pharmacy policy of the pharmacy stated in the pharmacy policy of the pharmacy policy of the pharmacy of all dication centers and oughout the hospital	oard for aff were This acist he ER, e for areas ons, dated cy, last s rug					
BB227	16.03.14.330.07 Ins	ervice/Continuing Ed	ucation	BB227				
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Bureau of Facility Standards

PRINTED: 05/15/2007 FORM APPROVED Bureau of Facility Standards (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B WING 131309 05/09/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 300 SOUTH 3RD WEST **CARIBOU MEMORIAL HOSPITAL** SODA SPRINGS, ID 83276 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) BB227 BB227 Continued From page 3 pharmacist shall provide inservice/continuing education for medical and nursing staff at least once quarterly. (10-14-88) BB227 - The pharmacist, Dell Maughan, RPh, has provided nursing This Rule is not met as evidenced by: Based on staff interview, it was determined the at least quarterly inservice, however, hospital failed to ensure the pharmacist provided it has not been documented. Effective inservice/continuing education for medical and 5-22-07, each of the nursing managers nursing staff at least once quarterly. The findings has been asked by the Nursing include: Administrator, Brenda Bergholm, RN. The pharmacist stated, during interview on 5/8/07 to coordinate and hold an inservice by at 2 PM, that he routinely provided the pharmacist at least quarterly in medication-related information to physicians and conjunction with their monthly nursing staff. He stated he met with nursing staff informally and discussed new medications and nursing meetings, and they will related topics, but no records were kept to show document this inservice as part of the the meetings occurred on at least a quarterly minutes they already write, basis. forwarding a copy to the pharmacist. who will keep these on file.

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